

Creating a safer post caesarean section doctor review

Aim

To improve the safety and efficacy of the postnatal SHO review of patients who had delivered by caesarean section.

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Background

All women who deliver by caesarean section at York Hospital are reviewed on the postnatal ward before they are discharged home. The doctor who reviews them is normally the designated postnatal ward obstetric SHO for that day.

The NICE guidelines for postnatal care state that:

“Before transfer from the maternity unit to community care, or before the midwife leaves after a home birth: assess the woman's health” (1)

The NICE guidelines for caesarean section state that:

“In addition to general postnatal care, provide women who have had a caesarean birth with:

- *specific care related to recovery after caesarean birth*
- *care related to management of other complications during pregnancy or childbirth.”* (2)

The SHO’s who are designated to the postnatal ward have varying degrees of experience of working in obstetrics, from being an FY2 who has never done an obstetric post before, to an ST2 who has had two years of obstetric experience. The

We saw several issues with the existing system for SHO reviews on the postnatal ward. These were:

- 1) The midwives would sometimes not see the SHO assessment within the patients notes, so would ask the SHO to review patients that had already been reviewed, duplicating SHO workload.
- 2) The SHOs did not always know to complete the discharge medication for the patient, which could hold up the discharge and increased midwife workload.
- 3) The SHOs did not always know to document what type of wound closure was used and what the follow up plan was. This had resulted in a patient going home without knowing that she had sutures closing her wound and that she would need them to be removed.
- 4) The SHOs did not always know to check how long the patient would need Fragmin for and prescribe accordingly.

In addition to this, the review often did not take long to perform, but took a while for the SHO to document.

We felt that by making a review sheet for the SHO to fill out this could solve some of the above issues. We also thought that it would act as a prompt for the SHOs, especially those not as familiar with the review process, so that they didn’t forget to ask the patient about certain things and so that they were reminded to complete the discharge medication.

Method

We spoke to the doctors and midwives currently working in the obstetric unit at York Hospital, to ask them their opinions on whether or not they felt a review sheet would help improve the SHO reviews and what should be included. They felt the following:

- The reason for the caesarean section.
- The wound closure and the plan.
- The EBL, the day 1 full blood count hb.
- If there were any complications.
- If the patient had any antenatal co-morbidities
- The patient observations.
- How the patient is feeling, are they eating and drinking, are they mobilising, are they passing urine.
- How is the patients lochia, have they opened their bowels or passed flatus.
- Whether or not the patient has any concerns about anything.
- An abdominal examination.
- A plan including whether or not the patient needs further obstetric input or can have their care led by the midwives (MLC). How long they need fragmin for, any specific instructions to the patients GP and to prescribe any discharge medication (TTOs).

We then produced a prototype for the review sheet before sharing it by email among the consultants, registrars, SHOs and postnatal ward midwife in charge for feedback on if they thought anything else should be added or taken off the review sheet.

After the sheet had been in use for 3 months we then re-surveyed the SHO, registrars and consultants by email to see if they had any feedback about the use of the sheet and did a small audit to see how the sheet was used. This was done by going to the postnatal ward on two different days and looking in the notes of all the patients who had had a caesarean section to see if the review sheet had been used and if so which parts had been utilised. A total of 10 patients were found that fit this criteria and so 10 notes were reviewed.

Results

The feedback from the doctors in the maternity unit was positive, with many of the SHOs saying that the review sheet saved them documentation time as well as helped as a memory prompt. Three SHOs said that it would make it easier if the sheet could be shortened and made into a sticker to put in the notes instead. From looking in the notes, all 10 patients who had had their SHO review that admission had a review sheet in their notes. Not all the items on the review sheet were filled out for every review. The following items were missed:

Item on the review sheet	Number of times not completed
TEDs (yes / no)	9
Type of wound closure and plan	5
Anaesthetic used	8
Post operative hb	10
Analgesia used postnatally	4
Any extra questions	1
EBL	2

Conclusion

The review sheet had positive feedback from the doctors using it, including that it made their work easier and that it acted as a prompt to help guide their reviews. When looking at what parts of the sheet were not used, the SHOs seemed to do a thorough medical review of the patient and completed any information needed for the midwife handover of care.

However on only one patient the question of whether or not they are wearing TEDS was reviewed. None of the sheets had the post-operative hb filled out, however the day 1 blood results was documented on all the sheets. This does seem like duplication of documentation and might make the sheet easier to read if it were removed. The type of wound closure and plan was not always completed. This forms an important part of the SHO review and so the sheet has had mixed success in making this happen. The type of anaesthetic used intraoperatively was only documented twice. This might not form an essential part of the SHO review, so could potentially be removed from the sheet. The analgesia used postnatally was not always documented. On reflection, this might not always require documentation on the SHO review sheet.

After the results of this small audit and feedback, we will now use this to amend the SHO review sheet further, putting into place the following changes:

- Change the sheet to a sticker
- Take out the post-operative hb
- Take out the question on anaesthesia
- Take out the question on the type of analgesia used.
- Take out the question on TEDs, as this should be already documented and was not used.
- Add in a question on postnatal contraception.

After the above changes are implemented we will then go and re-audit the review sheet to see if the simpler sheet has better compliance.

It might be possible to apply a similar review format for SHO reviews on the postnatal ward for different patients, including those post-operative vaginal delivery.

Summary

Some important parts of postnatal caesarean section reviews were not being carried out by postnatal ward SHOs.

A review sheet might aid these reviews to make them easier and to act as a prompt

The trial of the review sheet needs further editing and to be made into a sticker before becoming a permanent part of the postnatal reviews at York Hospital.

References

Postnatal care. NICE guideline NG194. Published 20 April 2021

Caesarean birth. NICE guideline NG192. Published 31 March 2021